

Los Angeles County Tuberculosis Control Program



Vision: TB is eliminated from Los Angeles County

Mission: To prevent the transmission of TB within Los Angeles County



TB Control Program Overview

- I. Program Priorities
- II. Functions/Services
- III. Reporting Process *
- IV. Referrals and Case Management
- V. Collaborative Efforts



TB Control Program Inter-disciplinary Team Members

- MDs – Program Director and Assoc.
- Nursing (20)
- Public Health Investigator (PHI)
- Epidemiology
- Health Education
- Support Staff



Program Priorities

1. Identify and treat active cases
2. Identify and treat contacts to active cases
3. Targeted testing and treatment of high-risk populations



TB Control and Prevention Services Los Angeles County



Assessment

- Collecting epidemiological data, maintaining a registry of all TB patients, and reporting data to the Centers for Disease Control and Prevention (CDC) as well as the California State TB Control Branch

Policy Development

- Providing consultation services to health care providers for TB and multi-drug resistant (MDR) TB patient management and infection control issues
- Establishing standards and policies regarding targeted testing and treatment of persons with latent TB infection (LTBI) and monitoring their effectiveness and patient outcomes



TB Control and Prevention Services Los Angeles County (2)

Assurance

- Assuring the successful reporting, investigation, follow-up, and treatment of all TB cases and contacts
- Legal authority to detain TB patients for examination, isolation, or treatment when necessary to protect the public's health
- Approving all discharges and transfers of TB suspects and cases from health facilities
- Monitoring Los Angeles County laboratories for compliance with state TB reporting mandates



TB Control and Prevention Los Angeles County (3)

- Coordinating TB screening of all newly arriving Class A and B legal immigrants
- Coordinating with the Refugee Health Assistance Program TB screening for all entering refugees
- Respond to requests for funding proposals and monitor the implementation of CDC, State, and County grant funded activities for TB Control



TB Program Organization

Five Units:

- Office of Director
- Medical Consultation and Patient Care Services/Reporting
- Epidemiology/Research
- Education and Evaluation
- Fiscal/Information Technology



Role of PHNs in TB Control Program

- **Surveillance**
 - ✓ Facilitates case reporting to the state from private and public providers, hospitals, labs, etc
 - ✓ Approves discharge plans for TB suspects/cases at private and county hospitals, Men's Central Jail and Twin Towers
 - ✓ Consultation
 - Infection Control Issues
 - Employee Health Laws
 - ✓ Co-Management of MDR/XDR Cases
 - ✓ Nurse on Phones – Daily Consultation

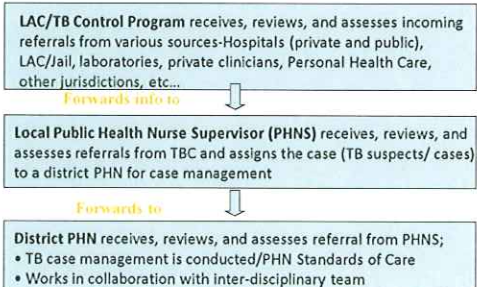


TB Reporting

- Confirmed or Suspect Tuberculosis is mandated by State Health and Safety Codes (HSC) Section 121362 and Title 17, Chapter 4, Section 2500 and must be done within one working day of diagnosis.
- HSC Section 121361 ("Gotch Law") also mandates that prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written discharge plan approved by the Local Health Officer (i.e. TB Controller).



TB Referral Process



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Role of PHNs in TB Control Program (2)

- **Education**
 - ✓ Develops, coordinates and provides resources/education for licensed and non licensed professionals, TST, TB Basics, ERN Certification
 - ✓ Provides oversight of TB screening/TST, IGRA training at Ambulatory Outpatient clinics
 - ✓ Community Outreach



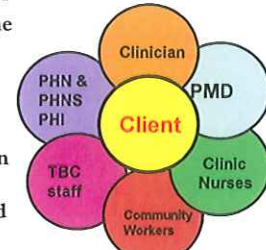
Role of PHNs in TB Control Program (3)

- **Evaluation**
 - ✓ Quality Assurance, to ensure Standards of Care
 - ✓ Program evaluation of performance on National indicators
 - ✓ Consultation regarding case management/contact investigation
 - ✓ Technical assistance regarding TB reporting



Inter-disciplinary Collaboration

All members of the inter-disciplinary team assume a vital role in the on-going, comprehensive, collaborative effort to assure the successful management, prevention and control of TB through patient centered care



Collaboration between TBC-CHS

- Shared Performance Measures
- Shared quarterly team reports of TB Epi. data
- Shared resources for education & training monthly in-services
- Joint educational outreach to the private sectors
- Management of large complex contact investigation
- Quarterly CHS PHNS meetings-policy review & development



TB Cohort Review

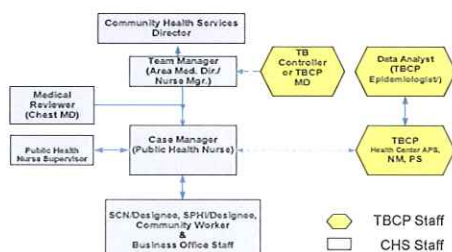


Goal:

- Measurable improvement on National TB performance indicators in L. A. County through implementation of the TB cohort process at each Health center.



LAC TB Cohort Review



TB Screening



Tuberculin Skin Test (TST)



Interferon-gamma Release Assays (IGRAs)



What Are IGRAs?

- Whole-blood tests that can aid in diagnosing *Mycobacterium tuberculosis* infection, including both latent tuberculosis infection (LTBI) and (TB) disease



How Do They Work?

- IGRAs measure:
 - A person's immune reactivity to *M. tuberculosis*
 - White blood cells from most persons that have been infected with *M. tuberculosis* will release interferon-gamma (IFN-g) when mixed with antigens (proteins made almost exclusively by *M.tb* and the other *M. tb* complex)



What Are The Disadvantages and Limitations of IGRAs?

- "Not a silver bullet" and "Not Gold standard"
- Blood samples must be processed within 8-16 hours after collection while white blood cells are still viable.
- Errors in collecting or transporting blood specimens or in running and interpreting the assay can decrease the accuracy of IGRAs.



Bacillus of Calmette & Guérin (BCG)

- Mainly used in developing countries
- Uncertain benefits, potency, longevity
- May convert TST to positive, but wanes over time
- No contraindication to TB skin test



Questions & Answers

persistent cough
 coughing blood
 malaise
 night sweats
 fever
 positive mantoux
 weight loss
 fatigue
Think TB!